



AHCCCS is
Arizona's
Medical
Assistance
Program
(Medicaid)

Authorization for AHCCCS to Request Information from SSA



| | | |
|-----------|----------------------------|-------------|
| Customer: | AHCCCS ID: | Customer #: |
| | Date: | |
| | Eligibility Specialist: | |
| | Phone: () - | |
| | Fax: () - | |

I give AHCCCS permission to request a history of my earnings from the Social Security Administration (SSA) Internet site for the purpose of:

- ☐ Determining if I am potentially eligible for Social Security Disability Insurance.
- ☐ Determining my number of qualifying quarters to apply for an exemption from sponsor deeming for myself, my spouse or my child.

| | |
|-----------|------|
| Signature | Date |
|-----------|------|

| | | | |
|---|--|------------------------|--|
| Please provide the following information that is needed to obtain a Social Security Statement through the SSA Internet site. | | | |
| Name (<i>Exactly as shown on your Social Security Card</i>) | | Social Security Number | |
| Date of Birth | Place of birth (U.S. state/territory or foreign country) | | |
| Mother's maiden name (last name only) | | Phone number | |

The SSA Internet site is a secure site and SSA keeps your information confidential. SSA will mail the response directly to the AHCCCS office.

